

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

10143

62-040368

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 29 1962

STATE FILE NUMBER

VS 300
Rev. 4/59.

1

2 221

3

4 2

5 3

6

7 1

8 2

9

10

11 1271-0

13

14

15

16 71

17

18

19

20

21

22

23

24

25

26

27

28

29

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS 3124 Sheridan Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Webster James		4. DATE OF DEATH Month Day Year 10/20/62	
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/21/03
9. AGE (last birthday) 59		10. IF UNDER 1 YEAR Months Days Hours Min. 1 19	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter		11b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	
12. BIRTHPLACE (City and state or country) Marianna, Ark.		13. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Sylvester James		13b. MOTHER'S MAIDEN NAME Hattie Collins	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Amanda Jones 4307 W. 13 th St. Chic, Ill	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower Nephron Nephrosis DUE TO (b) Obstructive Jaundice DUE TO (c) Ampullary Carcinoma of Duodenum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1520 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 days 3 weeks ? 2 months	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from Sept 3, 1962, to 10-20-62 and last saw him alive on 10-20-62 Death occurred at 3:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE James M. Whittico, M.D. (Degree or title)	
22b. ADDRESS 2715 N. Union, St. Louis		22c. DATE SIGNED 10-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/25/62	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
24. FUNERAL DIRECTOR Wright(s Funeral Home 3100 Easton Ave.		25. DATE RECD. BY LOCAL REG. OCT 23 1962	
26. REGISTRAR'S SIGNATURE Road Smith, M.D.		27. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Hesliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.